

QUESTIONNAIRE FOR STANDBY RESERVISTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employment affiliation, if applicable: \_\_\_\_\_

Position title, if applicable: \_\_\_\_\_

Remarks concerning full time employment in a national emergency: \_\_\_\_\_

Remarks concerning current occasional part time employment: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_